

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760174

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: CLEARWATER POINT, INC., NO. 8

## Current Principal Place of Business:

800 S. GULFVIEW BLVD  
CLEARWATER, FL 33767

## New Principal Place of Business:

## Current Mailing Address:

800 S. GULFVIEW BLVD  
CLEARWATER, FL 33767

## New Mailing Address:

FEI Number: 59-2223760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIANFRONE, JOE  
1968 BAYSHORE BLVD  
STE 840  
DUNEDIN, FL 34698 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: HYNES, KEN  
Address: 800 S GULFVIEW BLVD., #807  
City-St-Zip: CLEARWATER, FL 33767

Title: TD ( ) Delete  
Name: ALBRECHT, CLIFF  
Address: 830 S GULFVIEW BLVD #705  
City-St-Zip: CLEARWATER, FL 33767

Title: VPD ( ) Delete  
Name: BLACK, LES  
Address: 830 S GULFVIEW BLVD #503  
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete  
Name: BUONO, EMIDDIO C  
Address: 830 S. GULFVIEW BLVD. #801  
City-St-Zip: CLEARWATER, FL 33767

Title: PD ( ) Delete  
Name: PAZAN, PAUL  
Address: 800 S GULFVIEW BLVD #907  
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete  
Name: TRUHLAR, RON  
Address: 800 S GULFVIEW BLVD #604  
City-St-Zip: CLEARWATER, FL 33767

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CONNOR, LEE  
Address: 830 S. GULFVIEW BLVD. #808  
City-St-Zip: CLEARWATER, FL 33767

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PAZAN

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date